study of the shunt to assess shunt patency and upper gastrointestinal endoscopy to assess regression of varices.

Results During the study period, 97 patients with NCPH underwent shunt surgery (proximal splenoadrenal shunt, 8; proximal splenorenal shunt, 74; and interposition mesocaval shunt, 15). Anomalous anatomy of the left renal vein was the main indication (5/8 patients) for a splenoadrenal shunt. Median fall in portal pressure in patients who underwent splenoadrenal shunt was 11.5 mmHg (range, 2–14 mmHg). The median (range) operative time was 4.5 (3–6) hours and median (range) intraoperative blood loss was 160 (100–200) mL. During a median (range) follow-up of 32 (12–48) months, shunt thrombosis developed in one patient. Comparison of intraoperative parameters and postoperative outcomes showed no significant difference in median fall in portal pressure ($p=0.39$), median operative time ($p=0.51$), median blood loss ($p=0.80$), Grade III/IV postoperative complications ($p=0.56$), shunt thrombosis ($p=0.93$), and varices regression rate ($p=0.72$) between patients undergoing proximal splenorenal and splenoadrenal shunt.

Conclusions The left adrenal vein is a suitable vascular conduit for porto-systemic shunt surgery. This is especially so if the performance of splenorenal shunt is precluded because of anatomic abnormality of the renal vein.

IDDF2018-ABS-0018 BOERHAAVE'S SYNDROME: A RARE CAUSE OF HYDRO-PNEUMOTHORAX IN NEWBORN

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Background Hydro-pneumothorax following spontaneous esophageal rupture (Boerhaave's Syndrome) is very rare and often fatal. Early diagnosis and treatment of esophageal perforation can be life-saving.

Methods We report a case of a 4 day old term female baby weighing 2800grams. She was admitted with complaints of excessive cry, vomiting, refusal to feed and fast breathing for one day. The baby was exclusively breastfed since birth and was well until one day before admission. On examination, there was severe respiratory distress, cyanosis and pooling of oral secretions. On palpation, crepitus was appreciated on the skin overlying on the right side of the chest wall (suggestive of subcutaneous emphysema). On auscultation, entire right side of the chest had decreased air entry which raised suspicion of pneumothorax.

Chest X-ray revealed subcutaneous emphysema, right-sided pneumothorax with underlying collapse and orogastric feeding tube was located in the right thoracic cavity (figure 1). Ultrasound chest showed right-sided air with pleural collection with 2 mm septations. A tube thoracostomy was done on day 2 of admission. Later, the baby was put on a ventilator in view of type I respiratory failure. CECT thorax was done which showed right-sided hydro-pneumothorax with free air pocket in peri-esophageal region in the upper thoracic oesophagus. After giving contrast through ryles tube, free spillage of contrast was seen in right pleural cavity suggestive of rupture of oesophagus.

Results Since the baby was hemodynamically stable, conservative management was done. After 10 days of conservative management, she was referred and transferred to surgical

management where the primary repair was done. Follow up after surgery showed clinical improvement.

Conclusions Spontaneous rupture of oesophagus (Boerhaave's Syndrome) in neonates is rare with high mortality. Radiological findings include subcutaneous emphysema, hydro pneumothorax, mediastinal/sub diaphragmatic air. The diagnosis is confirmed by the extravasation of contrast material while performing contrast esophagography with or without CT chest.

A conservative non-operative approach is preferred. Surgical closure is by primary repair/resection of the defect, diversion or esophagectomy. This case report aims to create awareness about the importance of early recognition of this life-threatening condition, which if treated timely can be life-saving.

Abstract IDDF2018-ABS-0018 Figure 1

IDDF2018-ABS-0019 ENDOSCOPIC ULTRASOUND-GUIDED FINE-NEEDLE ASPIRATION OF ENLARGED ADRENALS IN PATIENTS WITH PYREXIA OF UNKNOWN ORIGIN: A SINGLE CENTRE EXPERIENCE OF 52 CASES

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Background Fine needle aspiration (FNA) of adrenals is needed in patients with pyrexia of unknown origin (PUO) and adrenal enlargement in the absence of other diagnostic clues. Adrenals are easily accessible by endoscopic ultrasound (EUS) due to proximity; however, there is no systemic study available. The aim of this study was to evaluate the diagnostic yield and safety of EUS-FNA of enlarged adrenal in patients with pyrexia of unknown origin (PUO).

Methods Data were analysed from October 2010 to September 2016 at a single tertiary care centre in North India. EUS FNA of enlarged adrenals was done in fifty-two patients for the